



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TORU MAEDA) : Examiner: J.R. Pokrzywa
Application No.: 09/277,172) : Art Unit: 2622
Filed: March 26, 1999) :
For: IMAGE COMMUNICATION) :
APPARATUS AND METHOD) : June 3, 2004

#16/c
K Davis
6-21-04

RECEIVED

JUN 15 2004

Technology Center 2600

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated March 3, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 3, 2004.
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicants)

Leonard P. Diana
(Signature) _____ June 3, 2004
(Date of Signature)



In re Application of

TORU MAEDA

Application No.: 09/277,172

Filed: March 26, 1999

For: IMAGE COMMUNICATION APPARATUS
AND METHOD

Docket No. 03560.002368

Examiner: J.R. Pokrzywa

TC/Art Unit: 2622

Date: June 3, 2004

RECEIVED

JUN 15 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 88	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 12	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 29,286

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

NY_MAIN 414596v1